HOLY NAMES UNIVERSITY
Since 1868

REQUEST FOR PAYMENT

HOLY NAMES UNIVERSITY, 3500 Mountain Boulevard, Oakland, CA 94619

Pay to _____

Address _____

_____

_____

Social Security Number or T.I.N.
(Attach copy of Social Security card if payee is an individual.)

_____

_____

☐ Please mail to requester ☐ Please mail to vendor

ACCOUNT NUMBER	DESCRIPTION OF EXPENDITURE(S) — BE CLEAR AND SPECIFIC	AMOUNT

Remarks _____

_____

_____

_____

TOTAL AMOUNT $

We certify that these expenditures are true and correct and that we have not requested and will not request payment from any other sources. All receipts for these expenses are attached.

Requested by _____ Department _____

Approved by _____ Date _____

BUSINESS OFFICE USE ONLY

☐ **PAYROLL**
- ☐ Honoraria
- ☐ Faculty / Staff

☐ **ACCOUNTS PAYABLE**
- ☐ Vendor
- ☐ Professional Services

PAID

DATE: _____

CK# _____

1546-BO-11/02